

381

SS WARNER - Governor Connally's
for -
2/11/64

GENERAL SERVICES ADMINISTRATION ROUTING SLIP																																															
TO	CO	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10																																				
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REMARKS <div style="font-family: cursive; font-size: 1.2em;"> This is the latest SS report on Connolly's wound, where the Service corrects a previous error. Copies have been made and are in the hands of the appropriate staff members. </div> <div style="text-align: right; font-family: cursive; font-size: 1.2em;"> <i>noted</i> <i>2-17-64</i> </div>																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">FROM</th> <th style="width: 5%;">CO</th> <th style="width: 5%;">R1</th> <th style="width: 5%;">R2</th> <th style="width: 5%;">R3</th> <th style="width: 5%;">R4</th> <th style="width: 5%;">R5</th> <th style="width: 5%;">R6</th> <th style="width: 5%;">R7</th> <th style="width: 5%;">R8</th> <th style="width: 5%;">R9</th> <th style="width: 5%;">R10</th> </tr> </thead> <tbody> <tr> <td colspan="6" style="height: 40px; vertical-align: bottom;">NAME AND/OR SYMBOL <i>WWS</i></td> <td colspan="6" style="height: 40px; vertical-align: bottom;">BUILDING, ROOM, ETC.</td> </tr> <tr> <td colspan="8" style="height: 40px; vertical-align: bottom;">TELEPHONE</td> <td colspan="4" style="height: 40px; vertical-align: bottom;">DATE <i>2-17-64</i></td> </tr> </tbody> </table>												FROM	CO	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	NAME AND/OR SYMBOL <i>WWS</i>						BUILDING, ROOM, ETC.						TELEPHONE								DATE <i>2-17-64</i>			
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UNITED STATES SECRET SERVICE
TREASURY DEPARTMENT

Field		OFFICE	Dallas, Texas	FILE NO.	CO-2-34,030
TYPE OF CASE		STATUS		TITLE OR CAPTION	
Protective Research		Continued		Assassination of President Kennedy	
INVESTIGATION MADE AT		PERIOD COVERED			
Dallas, Texas		2-14-64			
INVESTIGATION MADE BY					
SA Roger C. Warnor					
DETAILS					
<u>SYNOPSIS</u>					
Diagram of wounds suffered by Governor Connally at time of assassination of President Kennedy forwarded herewith.					
<u>DETAILS OF INVESTIGATION</u>					
On 1-27-64 Inspector T. J. Kelley requested a diagram relative to the entrance and exit wounds suffered by Gov. Connally after being shot by Lee Harvey Oswald on 11-22-63.					
On 1-28-64 this information was transmitted to Inspector Kelley with five diagrams attached. Reference is further made to a memorandum to Inspector Thomas J. Kelley from David W. Belin, dated Feb. 12, 1964, relative to the wounds suffered by Gov. Connally. This memorandum points out a conflict in the wounds as shown on diagram #1 with the description of the wound according to a typewritten report of Dr. Charles Gregory dated Nov. 22, 1963, and requesting a review be made of this matter and a subsequent report submitted.					
<u>Other Investigations</u>					
Review of this matter with Dr. Charles Gregory indicates that body diagram #1 and diagram #5 are in error. Diagram #3 is correct, all in respect to the position of the wounds in the wrist of Gov. Connally.					
Attached herewith is amended body diagram #6, which indicates the correct position of the wounds suffered by Gov. Connally to his right wrist. Also attached is amended diagram #7, showing the approximate position of Gov. Connally at the time he was wounded.					
Also in error, and amended in this report, is the description of the					
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Chief ✓		Orig. & 1 cc		[Signature] 4. 1 [Signature]	
Dallas		2 cc's		SPECIAL AGENT	
				APPROVED	
				DATE	
				2-14-64	
				DATE	
				2-14-64	
				SPECIAL AGENT IN CHARGE	

position of Gov. Connally at the time he was wounded. This report should be as follows: The projectile entered Gov. Connally's back slightly to the right of his shoulder blade at the fifth rib, then coursed along the fifth rib, shattering approximately five inches of the rib. The projectile then exited the front of the chest in the area of the fifth rib and entered the top of his right wrist, then exited the under side of the right wrist and penetrated the left thigh.

In view of the fact that Gov. Connally was not killed by the wounds he suffered on November 22, 1963, the exact location of the wounds on his body were not measured. The wounds as marked on diagrams are approximations made by the physicians who tended these wounds. At the present time there is no way to place the wounds exactly without the measurement of the actual wounds on Gov. Connally's body.

ATTACHMENTS:

- Chief - Photostats diagram #1 and #2, position of Gov. Connally's wounds.
- Photostats diagram #3 and #4, rough drafts utilized by doctors in determining position of wounds.
- Photostat diagram #5, sketch indicating position of Gov. Connally when wounded.
- Diagram #6, amended diagram indicating position of Gov. Connally's wounds.
- Diagram #7, amended diagram indicating position of Gov. Connally when wounded.

RCW:VS

BODY DIAGRAM

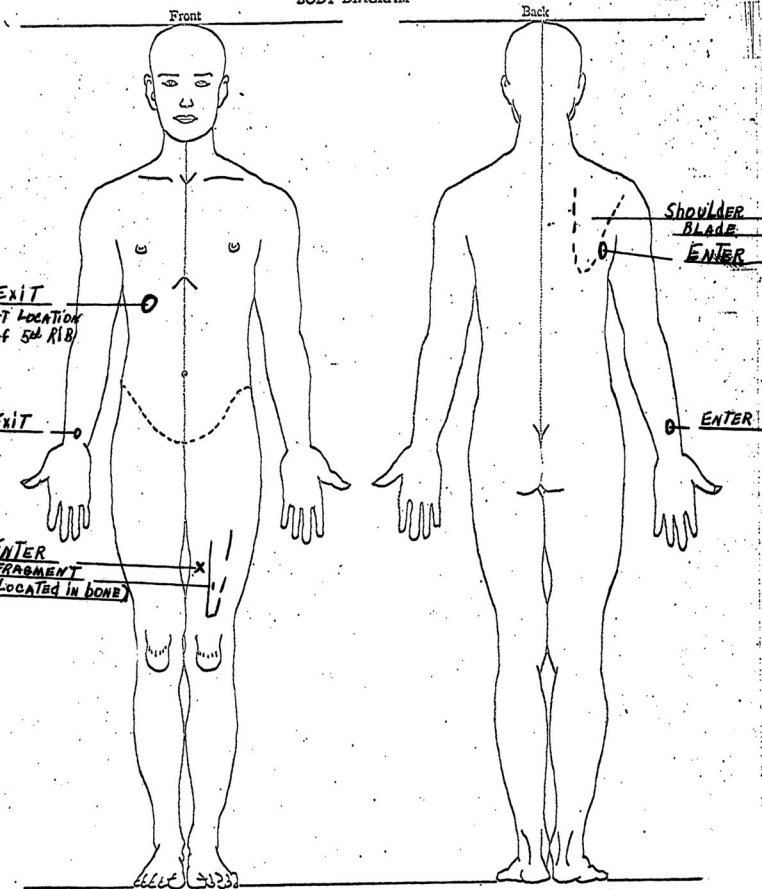


DIAGRAM #6

Position of wounds on body of Gov. Connally, suffered 11-22-63, as determined by consultation with attending physicians, Drs. Gregory, Shires and Shaw, Professors of Surgery, Southwestern Medical School, Dallas, Tex. (Amended from Diagram #1).

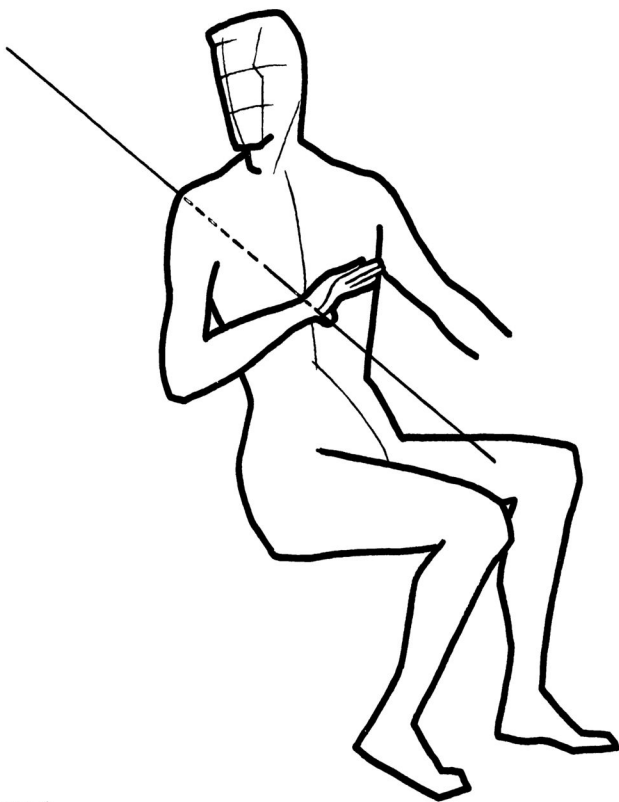


DIAGRAM #7

Rough sketch of approximate position of Gov. Connally when wounded on 11-22-63. Blue line indicates path of projectile through the body as indicated by examination of wounds. This is an off-hand sketch and not intended to be used as final authority on the specific position of the body when wounded. (Amended from Diagram #5).

MEMORANDUM

February 12, 1964

TO: Inspector Thomas J. Kelley

FROM: David W. Belin

SUBJECT: Wounds Suffered by Governor Connally

Pursuant to request previously made, you have submitted for our examination your file number 969, dated January 28, 1964, investigation made by SA Roger C. Warner, with an investigation of the wounds suffered by Governor Connally and an attempted reconstruction of the position of the body of Governor Connally at the time he was wounded.

On page 2 of this report, it is stated that after exiting the front of the chest in the area of the fifth rib, the projectile entered the underside of his right wrist and exited on the top side of the right wrist and then entered the left thigh.

On the other hand, we find in the Parkland Hospital Medical Reports, which are a part of your document number 561, dated December 10, 1963, that according to the typewritten report of Dr. Charles Gregory, dated November 22, on the wounds sustained by Governor John Connally (Unit #26 3699): "The wound of entry on the dorsal aspect of the right wrist over the junction of the distal fourth of the radius and shaft was approximately two cm in length and rather oblique with the loss of tissue with some considerable contusion at the margins of it. There was a wound of exit along the volar surface of the wrist about 2 cm above the flexion crease of the wrist and in the midline ..."

Returning to the report of your document number 969, there is a body diagram, number 1, which shows an entry wound on the underside of the wrist and the exit on the top of the wrist. On the other hand, in diagram number 3, the entry is shown on the top of the wrist side and the exit on the underside of the wrist. Then, when the reconstruction is made of the position of the Governor when the projectile struck in diagram number 5, this same showing is made. It appears that the showing is made to conform to diagram number 1 with the entry wound on the underside of the wrist rather than diagram number 3.

We would appreciate your having this entire matter reviewed
and making a further report of your findings.

Thank you.

PARKLAND MEMORIAL HOSPITAL

OPERATIVE RECORD

RC 220

STATUS: Pvt.

NAME: Governor John Connally

UNIT # 26 36 99

DATE: 11-22-63 Ortho

AGE: W/M RACE:

PRE-OPERATIVE DIAGNOSIS: Comminuted fracture of the right distal radius, open secondary to gunshot wound

POST-OPERATIVE DIAGNOSIS: Same

OPERATION: Debridement of gunshot wound of right wrist, reduction of fracture of the radius

ANESTHETIC: General BEGAN: 1300 ENDED: 1650

ANESTHESIOLOGIST: Giescke

SURGEON: Dr. Charles Gregory

DRAINS:

ASSISTANTS: Dr. Osborne and Parker

APPLIANCES:

SCRUB

CIRC.

NURSE: Rutherford

NURSE: Schubler

CASTS/SPLINTS:

SPONGE COUNTS: 1ST

DRUGS

I.V. FLUIDS AND BLOOD

2ND

COMPLICATIONS:

None

CONDITION OF PATIENT: Fair

Clinical Evaluation:

While still under general anesthesia and following a thoracotomy and repair of the chest injury by Dr. Robert Shaw, the right upper extremity was thoroughly prepped in the routine fashion after shaving. He was draped in the routine fashion using stockinette, the only addition was the use of a debridement pan. The wound of entry on the dorsal aspect of the right wrist over the junction of the distal fourth of the radius and shaft was approximately two cm in length and rather oblique with the loss of tissue with some considerable contusion at the margins of it. There was a wound of exit along the volar surface of the wrist about two cm above the flexion crease of the wrist and in the midline. The wound of entrance was carefully excised and developed through the muscles and tendons from the radial side of that bone to the bone itself where the fracture was encountered. It was noted that the tendon of the abductor palmaris brevis was transected, only two small fragments of bone was removed, one approximately one cm in length and consisted of lateral cortex which lay free in the wound and had no soft tissue connections, another much smaller fragment perhaps 3 mm in length was subsequently removed. Small bits of metal were encountered at various levels throughout the wound and these were wherever they were identified and could be picked up were picked up and have been submitted to the Pathology department for identification and examination. Throughout the wound it was not and especially in the superficial layers and to some extent in the tendon and tendon sheaths on the radial side of the arm small fine bits of cloth consistent with fine bits of Mohair. It is our understanding that the patient was wearing a Mohair suit at the time of the injury and this accounts for the deposition of such organic material within the wound. After as careful and complete a debridement as could be carried out and with an apparent integrity of the flexor tendons and the median nerve in the volar side, and after thorough irrigation the wound of exit on the volar surface of the wrist was closed primarily with wire sutures while the wound of entrance on the radial side of the forearm was only partially closed, being left open for the purpose of drainage should any make

PARKLAND MEMORIAL HOSPITAL

OPERATIVE RECORD

Governor John Connally

26 36.99

11-22-63

Ortho

DESCRIPTION OF OPERATION (Continued): This is ~~inadequate~~^{inadequate} reference to the presence of Mohair and organic material deep into the wound which is prone to produce tissue reactions and to encourage infection and this precaution of not closing the wound was taken in correspondence with our experience in that regard.

In view of the urgency of the Governor's original chest injury it was impossible to definitely ascertain the status of the circulation into the nerve supply to the hand and wrist on the right side. Accordingly, it was determined as best we could at the time of operation and the radial artery was found to be intact and pulsating normally. The integrity of the median nerve and the ulnar nerve is not clearly established but it is presumed to be present. Following closure of the volar wound and partial closure of the radial wound, dry sterile dressings were applied and a long arm cast was then applied with skin tape traction, rubber band variety, attached to the thumb and index finger of the right hand. The wrist An attitude of Flexion was created at the right elbow, and post operatively the limb suspended from an overhead frame using tape traction. The post operative diagnosis for the right forearm remains the same and again I suggest that you incorporate this particular dictation together with other dictations which will be given to you by the surgeons concerned with this patient.

Charles Gregory, M.D.

CG:bl

PARKLAND MEMORIAL HOSPITAL

OPERATIVE RECORD

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SURGEON: Dr. Charles Gregory

DRAINS:

ASSISTANTS: Drs. Osborne and Parker

APPLIANCES:

SCRUB NURSE: Rutherford

CIRC. NURSE: Schröder

CASTS/SPLINTS:

SPONGE COUNTS: 1ST
2ND

DRUGS

I.V. FLUIDS AND BLOOD

COMPLICATIONS:

None

CONDITION OF PATIENT: Fair

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